BILL NO. S-89-02-02

SPECIAL ORDINANCE NO. S-35-89

AN ORDINANCE approving the awarding of Reference #1360 by the City of Fort Wayne, Indiana, by and through its Department of Purchasing and **AM-CARE HEALTH, INC.** for the Fort Wayne Fire Department.

NOW, THEREFORE, BE IT ORDAINED BY THE COMMON COUNCIL OF THE CITY OF FORT WAYNE, INDIANA;

SECTION 1. That Reference #1360 between the City of Fort Wayne, by and through its Department of Purchasing and **AM-CARE HEALTH, INC.** for the Fort Wayne Fire Department, respectfully for:

> **to provide (211) complete series of Hepatitus B vaccinations for the Fort Wayne Fire Department;**

involving a total cost of Twenty-Five Thousand Three Hundred Twenty and no/100 Dollars ($25,320.00), all as more particularly set forth in said Reference #1360 which is on file in the Office of the Department of Purchasing, and is by reference incorporated herein, made a part hereof, and is hereby in all things ratified, confirmed and approved.

SECTION 2. That this Ordinance shall be in full force and effect from and after its passage and any and all necessary approval by the Mayor.

Councilmember

APPROVED AS TO FORM
AND LEGALITY

J. Timothy McCaulay

J. Timothy McCaulay, City Attorney

Reference # 1360

Department FIRE

Date 1/10/89

PURCHASING INFORMATION

Advertised Bid xxx Opening Date 1/26/89
Dates Advertised 1/7 & 1/14

Written Quote no Due Date

Verbal Quote no

Number of Vendors Notified 10

Number of Vendors Requesting Bid Information 6

Number of Vendors Responding 3

Number of Vendors Disqualified 0

Number of Vendors not Responding 7

Date Sent to Department for Recommendation 1/30/89

Date Recommendation is Received in Purchasing 2/08/89

Information Sent to Law Department 2/08/89

Introduction Date 2/14/89

Discussion Date 2/21/89

Passage Date

Ordinance #

Amount Approved and/or Spent Last Year, if Applicable

TAB SHEET
REFERENCE NO. 1360
HEPATITUS B VACCINATIONS

	AM-CARE HEALTH	FW OCCUPA HEALTH	ST. JOE MED CTR. STAT CARE
START DATE	2-15-89	DETERMINE LATER	PER REQUEST
COST AFTER EACH	7,385.00	9,670.83	9,037.13
TOTAL COST	25,320.00	29,012.50	27,111.39
DAY PMT DUE	NET TO DAYS	30TH	20TH
COST AFTER IMMUNITIES	3,165.00 INCLUDED IN TOTAL COST		
ALTERNATE		28,274.00 IF PERFORMED AT FW OCCUPA OFFICE	

Read the first time in full and on motion by Henry, seconded by Talarico, and duly adopted, read the second time by title and referred to the Committee on Finance (and the City Plan Commission for recommendation) and Public Hearing to be held after due legal notice, at the Council Conference Room 128, City-County Building, Fort Wayne, Indiana, on _____, the _____, day of _____, 19____, at _____ o'clock _____.M.,E.S.T.

DATED: 2-14-89.

Sandra E. Kennedy
SANDRA E. KENNEDY, CITY CLERK

Read the third time in full and on motion by Henry, seconded by Stier, and duly adopted, placed on its passage. PASSED ~~LOST~~ by the following vote:

	AYES	NAYS	ABSTAINED	ABSENT
TOTAL VOTES	9			
BRADBURY	✓			
BURNS	✓			
GiaQUINTA	✓			
HENRY	✓			
LONG	✓			
REDD	✓			
SCHMIDT	✓			
STIER	✓			
TALARICO	✓			

DATED: 2-28-89

Sandra E. Kennedy
SANDRA E. KENNEDY, CITY CLERK

Passed and adopted by the Common Council of the City of Fort Wayne, Indiana, as ~~(ANNEXATION)~~ ~~(APPROPRIATION)~~ ~~(GENERAL)~~ (SPECIAL) ~~(ZONING~~ MAP) ORDINANCE RESOLUTION NO. 0-35-89.

on the 28th day of February, 19 89,

ATTEST
Sandra E. Kennedy
SANDRA E. KENNEDY, CITY CLERK

SEAL
Charles B. Redd
PRESIDING OFFICER

Presented by me to the Mayor of the City of Fort Wayne, Indiana, on the 1st day of March, 1989, at the hour of 1:30 o'clock P.M.,E.S.T.

Sandra E. Kennedy
SANDRA E. KENNEDY, CITY CLERK

Approved and signed by me this 7th day of March, 19 89, at the hour of 3:30 o'clock P.M.,E.S.T.

P. Helmke
PAUL HELMKE, MAYOR

INVITATION TO BID
DEPARTMENT OF PURCHASING
CITY OF FORT WAYNE, ALLEN COUNTY, INDIANA
ONE MAIN STREET - ROOM 350
219-427-1101

BID OPENING DATE: 1-26-89 @ 11:00 AM BID REFERENCE # 1360

BIDS SHOULD BE DELIVERED TO DEPARTMENT OF PURCHASING, ROOM 350, CITY-COUNTY BUILDING UP TO 11:00 A. M., ON OR BEFORE OPENING DATE.

SEALED BIDS WILL BE OPENED PUBLICLY AT 11:01 A.M. IN THE BOARD OF WORKS AND SAFETY CONFERENCE ROOM ON THE THIRD FLOOR OF THE CITY-COUNTY BUILDING. "NO LATE BIDS WILL BE ACCEPTED AFTER 11:00 A.M. FOR ANY REASON WHATSOEVER."

THIS INVITATION FOR BID IS FOR Complete series of Yeast Vaccinations for Hepititus B for 211 Fire Department Personnel

AND REQUESTED BY City of Fort Wayne Fire Department.

PLEASE RETURN THIS FORM AND/OR ANY OF THE OTHER FORMS AS REQUESTED ON THE THE SHEET OF CONTENTS WITH YOUR SEALED BID.

THIS BID REQUIRES A XXXXXX 5% BID BOND, CERTIFIED CHECK, OR CASHIER'S CHECK OF ALL BIDDERS.

THIS BID REQUIRES A _____ 100% PERFORMANCE BOND OF SUCCESSFUL BIDDER(S).

PROMPT PAYMENT DISCOUNTS WILL BE ALLOWED AS FOLLOWS: _____ % IF PAID WITHIN _____ DAYS.

THE CITY OF FORT WAYNE IS EXEMPT FROM FEDERAL EXCISE AND INDIANA STATE SALES TAX. THE CITY'S INDIANA SALES TAX EXEMPTION CERTIFICATE NUMBER IS 356-001-255-0013. PRICES SHOULD NOT INCLUDE THESE TAXES.

THE EXECUTION HEREOF BY THE BIDDER IS ACCEPTANCE OF ALL TERMS AND CONDITIONS HEREIN AND IN THAT REGARD THE BIDDER AGREES TO BE BOUND BY SAME AND BE BOUND TO THE AMOUNT OF HIS/HER BID FOR A PERIOD OF NINETY (90) DAYS.

FIRM NAME Am-Care Health, Inc.
STREET ADDRESS 26338 Co. Rd 201
CITY Brooten MN 56316
BY Kulene Segnar PHONE 612-346-2280
REPRESENTATIVE SIGNATURE 800-543-4707

SCHEDULE

The contractor agrees to furnish at his/her/its own cost all labor, insurance, materials, equipment, and power for the complete performance of the projects.

All work will be performed in accordance with: the IFB, this contract and the applicable plans, specifications, and drawings for a TOTAL PRICE of $ $25,320.00 . (If unit prices are applicable, the contractor agrees to perform for those unit prices as set forth in the Schedule of Unit Prices attached hereto).

The services shall be commenced by 1-26-89 (date of award of contract unless otherwise specified) and completed by 3-15-89 .

/__ / LIQUIDATED DAMAGES PROVISION. This clause shall be applicable to this contract only if the box contains a check-mark or "X".

It is hereby agreed by and between the City of Fort Wayne and contractor that time is of essence of this agreement and the contractor agrees that it will complete the project as herein defined on or before _____. The parties agree that it is a business and government necessity that the project be completed by this date. The parties agree that in the event the project is not completed by this date that it will be difficult or impossible to make an accurate determination of the damages that would be incurred by the City of Fort Wayne, and therefore provide for liquidated damages in the sum of $_____ per day as a reasonable estimate as to the damages which would be incurred by the City of Fort Wayne. The parties further agree that causes beyond the control of the contractor may delay the completion date. Therefore, the parties agree that delays in the completion date beyond the control of the contractor shall not result in the liquidated damages.

Delays beyond the control of the contractor can include but are not necessarily limited to, the following: Acts of God, strikes, lockouts or industrial disturbances, acts of public enemies, restraining orders of any kind by the government of the United States of America or the State of Indiana or any of their departments, agencies, or officials, or any civil or military authority, insurrections, riots, landslides, earthquakes, fires, incapacitating storms, floods, and explosions.

OPTION RENEWAL

By mutual agreement between the City of Fort Wayne and the supplier, the contract period may be extended for an additional period not to exceed one (1) year. However, the agreement to extend must be completed in writing not less than fifteen (15) days prior to expiration date. The contract may be extended only at the same price and under the same conditions governing the original contract.

INSPECTION AND ACCEPTANCE

Inspection and acceptance shall be conducted by the persons named below. Only these named persons will have the authority to accept or reject the bids. In the event the individual or individuals listed below are no longer employed by the City or are no longer employed in the position stated, the person or persons assuming their positions will be responsible for the acceptance or rejection.

NAME		TITLE
Gloria J. Goeglein	219-427-1101	Director of Purchasing
Steven Hinton	219-427-1181	Assistant Chief

SPECIFICATIONS FOR THE HEPITITUS B SHOTS FOR THE FIREFIGHTERS

COMPLETE SERIES OF YEAST VACCINATIONS FOR HEPITITUS B FOR TWO HUNDRED ELEVEN (211) FIRE DEPARTMENT PERSONNEL.

SHOTS ARE TO BE GIVEN AT STATION #1, 419 E. MAIN STREET, ON THREE (3) CONSECUTIVE DAYS, AS DETERMINED BY THE FIRE DEPARTMENT, FOR EACH SERIES. EMPLOYEES MISSING THE PREDETERMINED TIME WILL HAVE SHOTS GIVEN AT LOCATION AND TIME DETERMINED BY PROVIDER.

PROVIDE TOTAL COST FOR THE PROGRAM. ONE-THIRD PAYMENTS WILL BE MADE AFTER EACH OF THE SERIES HAS BEEN COMPLETED.

QUESTIONS PERTAINING TO THE PROGRAM ARE TO BE DIRECTED TO ASSISTANT CHIEF STEVEN HINTON, FORT WAYNE FIRE DEPARTMENT, AT 427-1181.

STARTING DATE: February 15, 1989

COST AFTER EACH SERIES: $7,385.00

Cost After Immunity Test: $3,165.00
TOTAL COST: $25,320.00

DAY OF THE MONTH EACH PAYMENT IS DUE: Net 10

BID PROPOSAL
FOR
THE CITY OF FORT WAYNE FIRE DEPARTMENT

Proposal:

Am-Care Health, Inc. proposes to vaccinate the members of the City of Fort Wayne Fire Department for Hepatitis B at a charge of $120.00 per person for a total package price of $25,320.00. This fee will include the series of three vaccinations at 0, 30 and 180 days and a follow-up blood test to verify immunity. The City of Fort Wayne may elect to receive only the vaccination series with no follow-up immunity test if so desired. In that case, unit price breakdowns are as follows:

Hepatitis B Vaccinations.....$105.00/person
(Series of 3 Injections)
Hepatitis B Immunity Test.....$ 15.00/person
(6 weeks after final injection)

Vaccine:

The vaccine administered will be Recombivax HB, a synthetic vaccine manufactured by Merck, Sharp and Dohme. If an individual has a history of sensitivity to yeast, Heptavax will be used instead.

Other Considerations:

Am-Care Health, Inc. will comply with all state regulations for the administration of vaccinations which includes the administration of the vaccinations by a state licensed nurse under the supervison of a Doctor licensed to practice in the state of Indiana.

Am-Care Health, Inc. will provide proof of professional liability insurance upon request.

Our nurse will come to your location to administer the vaccinations.

There will be no charges for mileage, extra visits or travel costs.

Educational information and video tape presentations will be presented upon request at no additional charge.

Written Information and Consent Forms will be issued to each participant prior to receiving the vaccination. A sample of this form is attached.

Written records will be kept for each individual participating in the vaccination program. Upon request, copies of these records, including immunity test results will be submitted to the fire department.

This proposal is valid until March 15, 1989. The vaccination series must begin within two months of acceptance of this bid.

Proposal made by: Pauline Segaar
Vice President

Dated: January 23, 1989

Am-Care Health, Inc.

American Health Care Services
26338 Co. Road #201
Brooten, MN 56316
612-346-2280

HEPATITIS B
INFORMATION AND CONSENT FORM

WHAT IS HEPATITIS?

Hepatitis literally means inflamation (itis) of the liver (Hepat); and can be caused by many different things--such as drugs, alcohol, or other toxic substances. We are concerned with Hepatitis B which is caused by a viral infection, and for which there is a specific vaccine available.

Approximately 200,000 cases of HBV are discovered each year. Of these 50,000 become ill and jaundiced, 10,000 are hospitalized, 250 die and 10% (20,000) become chronic carriers of Hepatitis B. A chronic carrier is an individual who has the Hepatitis B surface antigen present in the blood but does not manifest symptoms of the disease. This state can last for months or years, and the individual is highly infectious.

HOW IS HEPATITIS ACQUIRED?

The Hepatitis B surface antigen has been found in virtually all body secretions and excretions; however, only blood, saliva and semen have been shown to be infectious. The following means of HBV transmission are listed below in order of presumed decreasing efficiency.

1.) Direct inoculation by needle or instruments (needle sticks, transfusion of blood or blood products).

2.) Direct contamination of cuts, scratches, abrasions, burns or other lesions by contact with infective serum or plasma.

3.) Contamination of mucosal surfaces with infective serum or plasma (eye splashes, mouth pipetting accidents, hand to eye or mouth transfer).

4.) Contamination of mucosal surfaces or to cuts, scratches, etc. from equipment (gloves, toothbrushes, dental or medical instruments)

5.) Direct contamination involving contact with saliva or semen.

HOW DO I KNOW IF I HAVE HEPATITIS B?

A simple blood test will indicate whether a person has been infected with Hepatitis B in the past or is currently infectious. Natural immunity almost always results after infection with Hepatitis B virus.

The incubation period for HBV is fairly long--from 6 weeks to 6 months. Because of this it is often difficult to trace the exact means by which Hepatitis B was acquired, and an individual may be infected without realizing it.

While it is true that only 25% of the people who contract Hepatitis actually have symptoms--which include fatigue, headache, nausea, loss of appetite, change in taste, fever, muscle soreness, sensitivity of the eyes to light and jaundice; Hepatitis B is a very serious disease.

Less than 1% develop more serious stages of the disease including progressive liver damage, disorientation, confusion, edema, and encephalopathy resulting in deep coma and death. Others develop chronic active Hepatitis in which liver damage is progressive. The patient may be asymptomatic for long periods of time and the disease can progress to cirrohsis of the liver and liver failure.

Another major concern of those who have acquired Hepatitis is primary liver cancer. The risk of developing liver cancer for chronic carriers is 273 times greater than for non-carriers.

WHO SHOULD BE VACCINATED?

Anyone who comes in frequent contact with blood, blood products, saliva and other body fluids is at greater risk of contracting Hepatitis. Specifically dentists, dental assistants, nurses, physicians, surgeons, the staff of hemodialysis and hematology/oncology units, morticians, embalmers, residents and staff of institutions for the mentally handicapped.

WHAT SHOULD I KNOW ABOUT THE VACCINE?

The synthetic vaccine (Recombivax HB*) is a non-infectious subunit viral vaccine derived from Hepatitis B surface antigen produced in yeast cells. This vaccine has been shown to be comparable in effectiveness to the natural, plasma-derived vaccine and is free of association with human blood or blood products. It also appears to have fewer side-effects than the natural vaccine.

RECOMBIVAX HB* is highly immunogenic; and of those vaccinated in clinical studies, 90% or greater developed protective levels of antibodies. It is unknown at the present time just how long immunity lasts; but it appears from available data that the vaccine protects from 4 to 5 years in patients who receive all 3 doses, after which time a single booster dose may be all that is necessary to maintain immunity.

CONTRAINDICATIONS AND PRECAUTIONS

Those who should not receive the vaccine include:

1.) Anyone who has a sensitivity to yeast.

2.) Anyone with a severly compromised cardiopulmonary status or others in whom a febrile systemic reaction could pose a significant risk.

3.) Anyone with a serious active infection.

In the past, it was thought that pregnant women or nursing mothers should not receive the Recombivax vaccine for Hepatitis B. However, it has now been documented that this vaccine poses no risk for either pregnant women or nursing mothers.

It should also be noted that because of the long incubation period for Hepatitis B, it is possible for an individual to have a Hepatitis B infection and not be aware of it. The vaccine may not prevent Hepatitis B in these cases. Hepatitis B cannot be contracted by receiving the vaccination.

ADVERSE REACTIONS

The vaccine is generally well-tolerated and no serious adverse reactions have been reported. The following is a list of reactions which could occur: fatigue, weakness, headache, fever, nausea, diahrrea, warmth or soreness at the injection site, or nodule formation at the injection site.

Less frequently (in less than 1% of those vaccinated) reported adverse reactions included: vomiting, diminished appetite, sweating, achiness, chills, lightheadedness, abdominal cramps, sensation of warmth, rash, influenza, or cough.

I have read and understand the information presented above regarding Hepatitis B and the Hepatitis B vaccination, and consent to receiving the vaccination.

Signed: _____

Group or Location: _____

City, State: _____

Am-Care Health, Inc.

American Health Care Services
26338 Co. Road #201
Brooten, MN 56316
612-346-2280

REFERENCES

Jerry Peters
Menlo Park Fire District
300 Middlefield Road
Menlo Park, CA 94025
415-323-2407

Lt. Gordon Hinckle
Richton Park Fire Department
Sauk Trail
Richton Park, IL 60471
312-481-8950 Ext. 130

Gary Fisher
Grand View Fire Department
709 Main St.
Grand View, MO 64030
816-763-3900

ATTACHMENT A

MBE/WBE COMMITMENT FORM

THE FOLLOWING IS THE UNDERSIGNED'S COMMITMENT TO THE MBE/WBE GOALS OF THE CITY FOR WORK DONE PURSUANT TO THIS CONTRACT:

A. X The undersigned firm certifies that it is an ~~MBE~~/WBE Contractor (cross out inapplicable provision).

For MBE specify percentage of minority ownership _____%.

For WBE specify percentage of women ownership 50 %.

B. _____ The undersigned certifies that they are a joint venture in which the following (MBE/WBE) firm _____ (cross out inapplicable provision) is a joint venture partner.

The MBE/WBE firm (cross out inapplicable provision), shall have _____% participation (employees) _____% participation (costs) in this project.

Specify the percentage of minority/women ownership in the MBE/WBE firm ____%. (Cross out inapplicable provision.)

C. The undersigned commits _____% of the total bid price as a subcontract to minority business enterprise participation. The MBE firms, which are proposed as subcontractors, are the following:

NAME OF FIRM	ADDRESS	TYPE OF WORK
1.		
2.		
3.		

D. The undersigned commits _____% of the total bid price as a subcontract to women business enterprise participation. The WBE firms, which are proposed as subcontractors are the following:

NAME OF FIRM	ADDRESS	TYPE OF WORK
1.		
2.		
3.		

ATTACHMENT A CONT'D

E. Complete (1.) and (2.) below if participation goals of 7% MBE and 2% WBE have not been met.

1. My Company cannot meet the participation goals for the following reasons: _____

2. We have taken the following steps in an attempt to comply with these participation goals: _____

The company is 50% owned and 90% managed by women. The women who do the vaccinations are often independent contractors running their own home-health care agency, etc. As for race, we never ask when hiring individuals since we only hire based on qualifications.

(Attach additional sheets as necessary.)

Contractor: An-Care Health, Inc

By: Pauline Segan

Its: Vice President

Contractor: _____

By: _____

Its: _____

ATTACHMENT C

CERTIFICATION OF BIDDER/VENDOR

The undersigned, on behalf of Am-Care Health, Inc. _____, does hereby make the following representations to the City of Fort Wayne, Indiana.

WHEREAS, it is acknowledged that the Common Council of the City of Fort Wayne, Indiana, has passed an ordinance condemning the apartheid policies of the country of South Africa;

WHEREAS, Council's ordinance requires that all persons, firms or corporations submitting bids to the City, for goods and services, certify, as part of the bid, that such entity does not support the policies of apartheid in South Africa.

The undersigned states, on behalf of Am-Care Health, Inc. _____, that it _____ does not support or endorse the policy of apartheid in South Africa.

IN WITNESS WHEREOF, this Certification has been signed this 24th day of Jan., 1989.

Am-Care Health Inc.
(Name of Bidder/Vendor)

Pauline Segaar
(Name and Title of Person Signing)
Vice President

ATTACHMENT D

INSTRUCTIONS TO BIDDERS

EQUAL EMPLOYMENT OPPORTUNITY

AFFIRMATIVE ACTION PROGRAM

IMPLEMENTATION OF EQUAL EMPLOYMENT OPPORTUNITY POLICY: The Equal Employment Opportunity Policy is implemented through an Affirmative Action Program. The program should be designed to hire qualified minority persons in all of the various job categories when needed and the firm should establish specific goals to increase the number of minorities in the various job categories through hiring or promotion.

The City of Fort Wayne has approved some goals and timetables to serve as guidelines for firms with whom it does business. All firms doing business with the City should employ a representative number of minorities in all job classifications within a four year period, using the percentage of the non-white population as a goal. These firms should also establish specific goals and timetables for achieving their goals. Such goals and timetables shall be a part of a firm's Affirmative Action Progrm and shall be maintained on a year-by-year basis. If a firm cannot meet the established goals and timetables, it will be evaluated on its "good faith" effort; that is, whether the Affirmative Action Program is being followed in fact and whether every attempt is being made to attain the goals according to the timetables.

Another factor supporting the "good faith" effort is whether the firm has conducted an analysis of all major job categories at the facility to determine if minorities are currently being underutilized in any one or more job categories. ("Underutilization" means having fewer minorities in a particular job category than would reasonably be expected by their availability). Consideration of "good faith" effort shall also be given to the following factors:

1. The minority population of the labor area:
   A copy of the Standard Metropolitan Statistical Area for the City of Fort Wayne is provided by the Indiana State Employment Service. If you live outside the state, your local State Employment Service will provide manpower information for your area.

2. The size of the minority unemployment force in the labor area. (See Manpower statistics for your area).

3. The percentage of the minority work force as compared with the total work force in the immediate labor area. (See Manpower statistics for your area).

4. The general availability of minorities having requisite skills in the immediate labor area. (See Manpower statistics for your area).

- OVER -

EEO/AA/10/1/87

5. The availability of minorities having requisite skills in an area in which the facility can reasonably recruit. (See Manpower statistics for your area).

6. The availability of promotable minority employees within facilities organization. (See workforce analysis page 2, item IV).

7. The anticipated expansion, contraction and turnover of and in the work force. (You must project future vacancies caused by new positions or promotions).

8. The existence of training institutions capable of training minorities in the requisite skills. (Contact training institutions in your area).

9. The degree of training which the firm is reasonably able to undertake as a means of making all job classifications available to minorities. (You must do an in-house survey).

10. The use of recruitment sources where minorities can be secured.

11. You must complete all sections of the Affirmative Action Documents.

12. Compliance Review - The purpose of a compliance review is to determine if the contractor maintains nondiscriminatory hiring and employment practices and is taking affirmative action to insure that applicants are employed and that employees are placed, trained, upgraded, promoted, terminated, otherwise treated during employment without regards to race, color, religion, sex or national origin. It shall consist of a comprehensive analysis and evaluation of each aforementioned practices and policies and conditions resulting therefrom.

Every effort should be directed to increase materially the number of minorities at all levels in all segments of the work force of the company with particular emphasis on segments of the work force where few, if any, minority persons are employed. Special attention should be given to the categories of officials and managers, professionals, technicians, sales workers, office and clerical and skilled craftsmen.

PROGRAM SUMMARY - THE AFFIRMATIVE ACTION PROGRAM **SHALL BE SUMMARIZED AND UPDATED ANNUALLY**. CONTRACTORS AND SUBCONTRACTORS SHALL SUBMIT THE PROGRAM SUMMARY TO THE EEO/AFFIRMATIVE ACTION OFFICER EACH YEAR ON THE EXPIRATION DATE OF THE AFFIRMATIVE ACTION PROGRAM.

Joseph C. Adams Jr.
EEO/AA Compliance Officer

ATTACHMENT D CONT'D

5. If total minority employment is less than 20% give reasons why. (Do not include Females when you figure minority employment percentages.) We have never asked a person's race, religion or nationality when hiring. Many have been hired over the phone thru phone interviews & referrals and we have no idea whether they are a minority or not — as long as they meet our qualifications for employment.

6. List minority recruitment sources: We do all our hiring through advertisements in the Newspaper and Referrals.

7. Does your company anticipate an increase in employment this year? X Yes ____ No
Approximately how many? 10

8. What specific goals can you achieve for the employment of minorities during ~~1987-88~~ 88-89?

A. Officials and Managers ____ %
B. Professionals 15-20 %
C. Technicians 10% %
D. Sales Workers 15-20 %
E. Office and Clerical 15-20 %
F. Skilled Craftsmen ____ %
G. Other ____ %

9. WRITTEN STATEMENT OF COMPANY POLICY

It is the policy of Am-Care Health Inc. that Equal Employment Opportunity be afforded to all qualified persons without regard to race, sex, religion, color or national origin. In support of this policy Am-Care Health, Inc. will not discriminate against any employee or applicant for employment because of race, religion, sex or national origin. The Company will take affirmative action to insure that applicants are employed and that employees are treated during employment without regard to their race, religion, color, sex or national origin. Such action will include but not be limited to: recruitment, advertising or solicitation for employment hiring, placement, upgrading, transfer or demotion, selection for training including apprenticeship rates of pay or other forms of compensation, layoffs or termination.

Am-Care Health, Inc. — Name of Company or Firm
4/24/89 — Date

Pauline Segaar
Signature of Highest Company Official

Pauline Segaar — OWNER
Name and Title of Signer (Please type or Print)

ATTACHMENT D CONT'D

STATISTICAL INFORMATION
FOR
AFFIRMATIVE ACTION/CONTRACT COMPLIANCE

Am-Care Health, Inc.
Name of Contractor or Supplier

26338 Co. Rd 281
Brooten, MN 56316 612-346-2280
Address And Telephone Number

Pauline Segaar
(Information Given By)

Pauline Segaar 1/24/89
(Person Filling Out This Form And Date)

EEOC CATEGORY	EMPLOYEES BY RACE/ETHNICITY/SEX									HANDICAPPED EMPLOYEES									TOTAL EMPLOYEES
	W		BLK		H		Other			W		BLK		H		Other			
	M	F	M	F	M	F	M	F	(Designate)	M	F	M	F	M	F	M	F	(Designate)	
1. OFFICAL & ADMINISTRATORS	1/8	1							M-1/8 Native Am.										2
2. PROFESSIONALS (Independent Contractors)	1	6				1													8
3. TECHNICIANS																			
4. OPERATIVES																			
5. LABORER																			
6. OFFICE AND CLERICAL		1																	1
7. SKILLED CRAFT WORKERS																			
8. SERVICE-MAINTENANCE WORKERS																			
9. SALES WORKERS		3																	3
TOTALS	1 1/8	11				1			1/8										14
PERCENTAGES	15%	78%				7%													100%

ATTACHMENT E

CERTIFICATION OF NON-SEGREGATED FACILITIES

Each Bidder is required to file a fully executed Certificate of Non-Segregated Facilities once a year.

CERTIFICATION OF NON-SEGREGATED FACILITIES

The Bidder certifies that he does not maintain or provide for his employees any segregated facilities at any of his establishments, and that he does not permit his employees to perform their services at any location, under his control, where segregated facilities are maintained. The Bidder certifies further that he will not maintain or provide for his employees any segregated facilities at any of his establishments and that he will not permit his employees to perform their services at any location under his control where segregated facilities are maintained. The Bidder agrees that a breach of this certification will be a violation of the Equal Opportunity clause in any contract resulting from acceptance of this bid. As used in this certification, the term "segregated facilities" means any waiting room, work area, restrooms and washrooms, restaurant or dressing areas, parking lots, drinking fountains, recreation or entertainment areas, transportation and housing facilities provided for employees which are segregated by explicit directive or are in fact segregated on the basis of race, color, religion, or national origin, because of habit, local custom, or otherwise. The Bidder agrees that (except where the Bidder has obtained identical certification from proposed subcontractors for specific time periods) he will obtain identical certification from proposed subcontractors prior to the award of subcontracts exceeding $10,000 which are not exempt from the provisions of the Equal Opportunity clause and that he will retain such certifications in his files.

NOTE: THE PENALTY FOR MAKING FALSE STATEMENTS IN OFFERS IS PRESCRIBED IN 18 U.S.C. 1001.

Date: 1/24, 19 89

Am-Care Health, Inc.
Name of Bidder

By: Pauline Sigard

Title: Vice President

Official Address: (including zip code)

26338 Co. Rd 201
Brooten, MN 56316

Prescribed by the State Board of Accounts

Form No. 95 (Revised 1987)

BID, OFFER OR PROPOSAL FOR SALE OR LEASE OF MATERIALS

(Defined at I.C. 36-1-2-9.5)
(Please type or print)

Date: 1/23/89

1. Governmental Unit: City of Fort Wayne, IN
2. County:
3. Bidder (Firm): Am-Care Health, Inc.
   Address: 26338 Co. Rd. 201
   City/State: Brooten, MN 56316
4. Telephone Number: 612-346-2280 or 800-543-4707
5. Agent of Bidder (If applicable): n/a

Pursuant to notices given, the undersigned offers bid(s) to City of Fort Wayne, IN (Governmental Unit) in accordance with the following attachment(s) which specify the class or item number or description, quantity, unit, unit price and total amount.

The contract will be awarded by classes or items, in accordance with specifications. Any changes or alterations in the items specified will render such bid void as to that class or item. Bidder promises that he has not offered nor received a less price than the price stated in his bid for the materials included in said bid. Bidder further agrees that he will not withdraw his bid from the office in which it is filed. A certified check or bond shall be filed with each bid if required, and liability for breach shall be enforceable upon the contract, the bond or certified check or both as the case may be.

Pauline Sagar
Signature of Bidder or Agent

BID OFFER OR PROPOSAL

Attach separate sheet listing each item bid based on specifications published by governing body. Following is an example of the bid format:

Class or Item	Quantity	Unit	Description	Unit Price	Amount

NON-COLLUSION AFFIDAVIT

STATE OF INDIANA)
) SS:
_____ COUNTY)

The undersigned bidder or agent, being duly sworn on oath, says that he has not, nor has any other member, representative, or agent of the firm, company, corporation or partnership represented by him, entered into any combination, collusion or agreement with any person relative to the price to be bid by anyone at such letting nor to prevent any person from bidding nor to induce anyone to refrain from bidding, and that this bid is made without reference to any other bid and without any agreement, understanding or combination with any other person in reference to such bidding.

He further says that no person or persons, firms, or corporation has, have or will receive directly or indirectly, any rebate, fee, gift, commission or thing of value on account of such sale.

Am-Care Health, Inc.
Bidder (Firm)

Signature of Bidder or Agent

Subscribed and sworn to before me this 24th day of Jan., 1989.

Robert G. Essler
Notary Public

My Commission Expires: _____

County of Residence: _____

ROBERT G. ESSLER
NOTARY PUBLIC - MINNESOTA
STEARNS COUNTY
My Commission Expires Apr. 9, 1989

Robert G. Essler
Notary Public Printed Name

ACCEPTANCE

There now being sufficient unobligated appropriated funds available, the contracting authority of _____ (Governmental Unit) hereby accepts the terms of the attached bid for classes or items numbered _____ and promises to pay the undersigned bidder upon delivery the price quoted for the materials stipulated in said bid.

Date: _____

Contracting Authority Members:

_____ _____
_____ _____
_____ _____

DIGEST SHEET

TITLE OF ORDINANCE: SPECIAL

S-89-02-02

DEPARTMENT REQUESTING ORDINANCE: FIRE DEPARTMENT

SYNOPSIS OF ORDINANCE:

AN ORDINANCE APPROVING THE AWARD OF REFERENCE NO. 1360 TO AM-CARE HEALTH, INC. TO PROVIDE (211) COMPLETE SERIES OF HEPATITUS B VACCINATIONS FOR THE FORT WAYNE FIRE DEPARTMENT. THE COST REFLECTS THE LOWEST AND MOST RESPONSIVE OF THREE (3) BIDDERS.

EFFECT OF PASSAGE:

IF ALL FIREFIGHTERS RECEIVE THE HEPATITUS B VACCINATIONS AS REQUESTED THIS WILL HELP TO PREVENT CONTRACTION OF THE DISEASE DUE TO ON THE JOB EXPOSURE DURING FIRE AND/OR MEDICAL ASSISTED RUNS.

EFFECT OF NON-PASSAGE:

IF FIREFIGHTERS CONTRACT HEPATITUS B DURING A FIRE AND/OR MEDICAL RUN THE COST TO THE TAXPAYERS FOR MEDICAL BILLS WILL FAR EXCEED THE COST OF THE PROGRAMS. (INJECTIONS)

MONEY INVOLVED:

AM-CARE HEALTH, INC. $25,320.00

SOURCE OF FUNDING:

FIRE DEPARTMENT GENERAL FUND

011-015-1510-4135

ASSIGNED TO COMMITTEE:

BILL NO. S-89-02-02

REPORT OF THE COMMITTEE ON FINANCE

WE, YOUR COMMITTEE ON FINANCE TO WHOM WAS REFERRED AN (ORDINANCE) ~~(RESOLUTION)~~ approving the awarding of Reference #1360 by the City of Fort Wayne, Indiana, by and through its Department of Purchasing and AM-CARE HEALTH, INC. for the Fort Wayne Fire Department

HAVE HAD SAID (ORDINANCE) ~~(RESOLUTION)~~XX UNDER CONSIDERATION AND BEG LEAVE TO REPORT BACK TO THE COMMON COUNCIL THAT SAID (ORDINANCE) ~~(RESOLUTION)~~XX

YES		NO
Thomas C. Henry	THOMAS C. HENRY CHAIRMAN	
Mark E. GiaQuinta	MARK E. GiaQUINTA VICE CHAIRMAN	
Janet G. Bradbury	JANET G. BRADBURY	
	DONALD J. SCHMIDT	
	JAMES S. STIER	

CONCURRED IN 2-28-89

Sandra E. Kennedy

Sandra E. Kennedy
City Clerk